

COMMUNITY SERVICES DISTRICT PARKS & RECREATION DEPARTMENT



We Need You!

Coaches:

40 volunteer coaches needed

- mandatory training provided
- 1-2 hours/week commitment
- 1 practice or 1 game per week

Coaches Clinic - Sat., Oct. 14th

**8:00 am - 11:00 am at the
Wackford Community Complex**

Referees:

- paid referees needed
- mandatory training provided
(available on Saturdays)

Volunteers:

- needed to assist Site Coordinators & Recreation Coordinator
- tasks include: scorekeeping, referring, equipment inventory, and other duties as assigned

Fall Jr. NBA/Jr. WNBA Basketball League

Jr. NBA/Jr. WNBA teaches boys and girls the fundamentals of basketball, good sportsmanship and teamwork in a fun, non-competitive way. In this league, all players receive a Jr. NBA jersey, an individual picture, team picture and a trophy. Includes 2 practices and 8 league games.

Ages:

Must be 5 by the assesment day (October 14). Cannot be 18 before the last game.

4 divisions: • 13-17 yr olds • 10-12 yr olds • 8-9 yr olds • 5-7 (for the beginner)

Location: Barbara Morse Wackford Community Complex, GYM
(9014 Bruceville Rd.)

Dates/Times:

FALL SESSION: 10/14 - 1/27*

Coaches Clinic - 10/14, 8-11 am, WCAC

Player Assesment Day - 10/14

Practices - 10/21 and 10/28

Picture Day - 11/11

Games - begin 11/18

(no games 11/25, 12/23, 12/30)*

Games played on Saturdays between 9 am and 8 pm

Player assessment day is October 14th:

Coed Div 4 (Age 5-7)	11am
Boys Div 3 (Age 8-9)	1pm
Boys Div 2 (Age 10-12)	3pm
Boys Div 1 (Age 13-17) & Girls (Age 14-17)	5pm
Girls Jr.WNBA(Age 8-10)	6pm
Girls Jr.WNBA(Age 11-13)	6:30pm

**Don't Delay...
Register Today!**

Registration Packet Required *(By mail or in person)*

Regular Registration: Through September 30, 2006 • \$100 per player

Late Registration: October 1, 2006 until league fills • \$110 per player

No phone - in registration accepted.

Registration:

M-F, 8 am - 8 pm and Sat 8 am - 1 pm:

Wackford Community Complex, 9014 Bruceville Rd., 405-5600,

M-F, 8 am - 5 pm:

Parks and Recreation Admin Office, 8820 Elk Grove Blvd., Ste. 3, 405-5300,
or Laguna Town Hall, 3020 Renwick Ave., 684-7550

For additional information, call

CSD Parks and Recreation at 405-5600, 405-5300 or 684-7550

This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this program/activity.



www.egcsd.ca.gov



CSD Parks and Recreation Department

Fall 2006 Jr. NBA Coaches Application

Please complete and return this application as soon as possible.

Name _____ T-Shirt Size _____

Address _____ City _____ Zip _____

Phone (Day) _____ (Evening) _____ E-Mail _____

League: ☐ Jr. NBA (Boys/Coed) Age Group: ☐ 5-7,Coed ☐ 8-9,boys ☐ 10-12,boys ☐ 13-17,Coed
☐ Jr. WNBA (Girls) Age Group: ☐ 8-10 ☐ 11-13

NBA/Jr. NBA Team Jersey you prefer - 1st choice: _____ 2nd choice: _____

1. Are you currently NYSCA certified ? If so, which sport(s)? _____

2. Name of your child or children you want to coach _____

3. Your availability during the 2006 Jr. NBA season:

Saturday Practices/Games: ☐ Always available ☐ Usually available- Times _____

4. Desired Position: ☐ Head Coach ☐ Assistant Coach (_____)

Preference of head coach

Previous Coaching Experience:

☐ Basketball (please list which seasons) _____

☐ Other Coaching (please describe) _____

5. Convictions -- Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No

Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.

If Yes, state what offense, when, where, and disposition of case.

All coaches will be fingerprinted no later than October 14, 2006

6. Please list two references we can contact other than relatives:

Name

Phone

Relationship

7. COACHES CLINIC

All coaches **ARE REQUIRED** to attend the EGCSD Jr. NBA/Jr.WNBA Coaches Clinic at the Wackford Community Complex, 9014 Bruceville Rd., Elk Grove, CA 95758

CLINIC DATE: Saturday October 14th • TIME: 8:00 am - 11:00 am

Remember to mark your calendar !



CSD Parks and Recreation Department

Fall 2006 Jr. NBA/Jr. WNBA

Registration and Medical Form

Init.

(Please Press Firmly)

REGISTRATION INFORMATION

Division 1 ☐ co-ed: boys Ages 13-17 / girls Ages 14-17 #9772

Division 3* ☐ boys: Ages 8-9 #9770 ☐ girls: Ages 8-10 #9773

Division 2* ☐ boys: Ages 10-12 #9771 ☐ girls: Ages 11-13 #9774

Division 4 ☐ co-ed: Ages 5-7 #9769

*Please Note: If a division does not receive enough participants, divisions may become co-ed.

Participant's Name: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ School: _____ Grade: _____

Height: _____ Weight: _____ T-shirt Size: ☐ Youth Med ☐ Youth Large ☐ Adult Med ☐ Adult Large
exact shirt size not guaranteed

Jr. NBA Experience: ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

Check all boxes which apply: ☐ Yes, I want to be a Jr. NBA Coach. ☐ I may want to coach.

Type of Payment: (check one) ☐ Cash ☐ Check # _____ ☐ Credit Card Payment:

Payment Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Card # _____

Name as it appears on card: _____ Expires Mo./Yr. ____/____

HOLD HARMLESS AGREEMENT

The Elk Grove Community Services District (hereinafter the "Elk Grove CSD"), its officers, trustees, agents and employees, and any co-sponsor of this activity, are not responsible for any claim, loss, injury(ies), liability or damages which may be suffered by the Participant while traveling to, during, or returning from the activity designated in this registration. Further, throughout the term of this Agreement, Participant [or Participant's parent or legal guardian, if Participant is under age 18] agrees to defend, indemnify and hold harmless the Elk Grove CSD, its officers, trustees, agents and employees from and against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in this registration. Additionally, the Participant [or Participant's parent or legal guardian, if Participant is under age 18] grants the Elk Grove CSD the right to photograph facilities, activities and Participant for potential future use for publicity or promotional purposes. I have read and understand this notice.

I have read and agree with this release: _____

Signature of Participant (Parent if under age 18)

Date

EMERGENCY INFORMATION

Parent's Name(s): _____

Phone # Mother (Home): _____ (Work): _____ (Cell): _____ (Pgr): _____

Phone # Father (Home): _____ (Work): _____ (Cell): _____ (Pgr): _____

List any allergies, dietary restrictions, medications, etc. (or indicate NONE): _____

What was the approximate date of last Tetanus Booster?: _____

Name of Physician: _____

Address: _____

Phone: _____ Insurance Carrier & Number: _____

**Person to contact in
Case of Emergency
Other than Parents:**

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

*

Signature of Parent or Guardian (over age 18)

Date

We can not guarantee special requests for participants to play on a certain team or with certain players.

For additional information, call CSD Parks and Recreation at 405-5600 • www.egcsd.ca.gov



Community Services District Parks & Recreation Department

Parents' Code of Ethics

- I (we) hereby pledge to provide positive support, care, and encouragement for my (our) children participating in youth sports by following the Parents' Code of Ethics.
- I (we) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sport events.
- I (we) will place the emotional and physical well being of my (our) children ahead of my personal desire to win.
- I (we) will insist that my (our) children play in a safe and healthy environment.
- I (we) will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I (we) will demand a sports environment for my (our) children that is free from drugs, tobacco, and alcohol and refrain from their use at all youth sport events.
- I (we) will remember that the game is for youth – not the adult.
- I (we) will do our best to make youth sports fun for my (our) children.
- I (we) will ask my (our) children to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I (we) promise to help my (our) children enjoy the youth sports experience by doing whatever I (we) can, such as being a respectable fan, assisting with coaching, abiding by league rules, or assisting with the league activities.
- I (we) will expect that my (our) children's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I (we) hereby acknowledge that I (we) have read and understand the above and agree to be held bound by the Parents' Code of Ethics. If I (we) fail to act as described in the Parents' Code of Ethics, I (we) fully understand that my (our) children and I (ourselves) can be asked to leave the Elk Grove CSD Parks & Recreation programs.

Print Parent(s) or Guardian(s) Name(s)

Date

Print Parent(s) or Guardian(s) Name(s)

Date

CSD Parks and Recreation Department



(see registration form inside)

Jr. NBA/ Jr.WNBA

**Player assessment day is
Oct 14th:**

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**Mark your
Calendars!**

Look inside
for Jr. NBA & WNBA
Basketball Fall
Leagues



Community Services District
Parks & Recreation Department
8820 Elk Grove Blvd., Ste. 3
Elk Grove, CA 95624



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